

Cherokee Mental Health Institute
Clarinda Mental Health Institute
Independence Mental Health Institute
Mount Pleasant Mental Health Institute
Glenwood Resource Center
Woodward Resource Center
Conner Training
Civil Commitment Unit Training for Sexual Offenders
MHDS Regional Services Fund
4-1

MHDS Regional Services Fund



Purpose

The Mental Health and Disability (MHDS) Regional Services Fund was newly created in Iowa Code section 225C.7A. In addition to the amount levied by counties, the fund will provide money for non-Medicaid core mental health and disability services and the increased cost of providing those services.

Who Is Helped

This is a new fund that will receive an appropriation beginning in SFY14.

This fund is designed to support current and new core services to adults 18 years and older:

- With a mental illness or an intellectual disability.
- Who are not eligible for Medicaid or need services that are not reimbursed by Medicaid.
- Who have an income at or below 150 percent of the federal poverty level.

No data exists at this time to specifically identify the people who will be served. However it is very likely the people served will be similar to individuals currently served through the current State Payment Program (SPP).

A typical individual is in his 40s, lives in a private residence, has a mental illness, has a high school diploma or GED, and is unemployed.

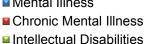
In SFY14 this fund will be provided to counties, in addition to the amount the counties levy in property taxes, and used for:

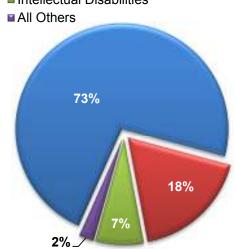
- Final SPP claims from SFY13.
- Non-Medicaid services in the counties' management plans.
- The increased cost of providing non-Medicaid funded services, i.e. growth.

In SFY15 this fund will be provided to the regions and used for:

- Required core MHDS services.
- The increased cost of providing services.
- Funding for new additional core services.







On July 1, 2013, residency replaces durational legal settlement as the method for determining financial responsibility for non-Medicaid funded services. At that point nearly all persons currently on the SPP will have a county of responsibility determined for funding their services.

Services

SFY14

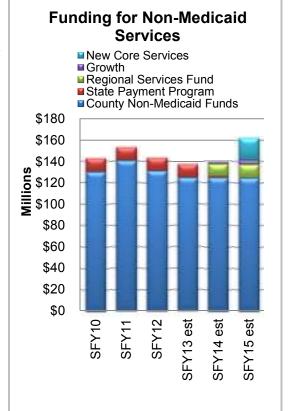
Funding will provide state financial assistance to counties for services in the counties' management plans including:

- Residential support.
- Vocational programs.
- Mental health treatment.
- Institution and commitment services.

SFY15

Funding will provide state financial assistance to regions for:

- · Required core services.
- New additional core services, the regions will be required to provide when funds are made available:
 - o Comprehensive crisis services.
 - Pre-commitment screening.



- ✓ MHDS redesign legislation requires core services including treatment, basic crisis services, support for community living, support for employment, recovery services, and service coordination.
- ✓ DHS estimated the cost of county administration at approximately \$22 million in SFY11.
- ✓ Counties have not received growth in non-Medicaid funding in the last two years.

Goals & Strategies

Goal: promote behavioral health status. Strategies:

- Provide access to mental health services.
- Promote development of array of critical mental health services.

Goal: promote choice for seniors and persons with disabilities.

Strategy:

 Promote access to community based options for persons with disabilities.

Goal: Program accountability: Strategy:

 Mental health and disability regional services funding will be awarded through performancebased contracts that will require regions to address outcomes and performance measures.

Performance Results:

Outcome and performance measures will be reported in SFY14.

MHDS redesign legislation requires that outcome and performance measures be established and publicly reported.

- Measures include but are not limited to:
 - Access standards for the required core services.
 - Penetration rates for serving the number of persons expected to be served.
 - Utilization rates for inpatient and residential treatment.
 - Readmission rates for inpatient and residential treatment.
 - Employment of the persons receiving services.
- ✓ The Outcomes Workgroup will recommend additional outcome and performance measures that will serve as the basis for assessing the effectiveness and efficiency of the MHDS service system beginning SFY14.
- ✓ Beginning in SFY15 the regions will prepare regional service plans identifying the numbers of persons to be served, services to be offered and results to be accomplished. At this time the department will enter performance based contracts with the regions.

Cost of Services

✓ The MHDS regional services fund will augment the \$125 million raised by the counties'
MHDS levy. The total amount will equal \$139.5 million in SFY14 and \$162.3 million in
SFY15.

Funding Sources

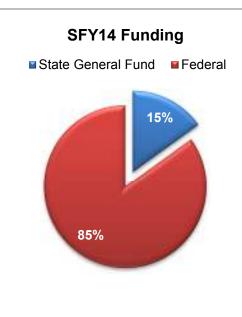
The budget request for the MHDS Regional Services Fund for SFY14 reflects a state general fund appropriation and Social Services Block Grant (SSBG) funding. This funding will support non-Medicaid MHDS county management plan services growth in the cost of these services and, in SFY15, new core services.

The total budget for SFY14 total budget is \$13,383,073:

- \$11,423,073 (85.4 percent) is SSBG to support county services.
- \$1,960,000 (14.6 percent) is state general fund for growth in county services.
- \$1,122,842 of SSBG funding will be retained by the department to settle final SFY13 SPP claims.

The total budget for SFY15 total budget is \$37,270,915:

- \$12,545,915 (33.7 percent) is to support county services.
- \$3,950,000 (10.6 percent) is state general fund for growth in county services.
- \$20,775,000 (55.7 percent) is state general fund for new additional core services.



- ✓ The amount of county levy funds is capped by Iowa Code at \$125 million annually.
- ✓ The use of Social Services Block Grant (SSBG) is governed by federal rules and the state plan.
- ✓ SSBG funds are part of the sequestered funds that will be cut if Congress does not agree on a comprehensive budget approach.

SFY 2014 & 2015 Budget Drivers

The total SFY14 budget request reflects a \$1,960,000 general fund appropriation. This is a new fund so there was no direct appropriation in SFY13. The FY 15 budget request is a \$22,765,000 general fund increase over SFY14.

The key budget drivers for the increases are:

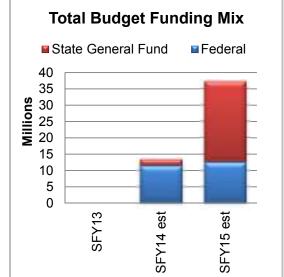
 Growth of non-Medicaid MHDS county management plan services and, in SFY15, new core services

When including SSBG funding that will support county services, SFY14 is a \$1,960,000 (16 percent) increase in state support for county funded services.

- The general fund recommendation for growth was based on the current (June 2012) consumer price index (CPI) for all items. The recommended amount was determined by applying the CPI to the total amount of non-Medicaid funding in SFY13, excluding estimated administrative costs.
- The bottom line reflects an overall increase of 1.4 percent when county funds are included in the calculation.

SFY15 reflects support for county services growth, as well as the implementation of new core services. From SFY14 to SFY15, there is a \$22,765,000 (157 percent) increase in state support for county funded services.

- Growth in county funded services was calculated using the same methodology as described above for SFY14.
- Cost of added core MHDS services was based on the cost estimates included in the DHS MHDS redesign final report.
- The overall increase in funding is 18 percent when county funds are included in the calculation.



✓ In SFY13 the counties were relieved of the responsibility of providing the non-federal share of Medicaid. In recent years the growth in the non-federal share of Medicaid paid by the counties exceeded growth in state funding to the counties.

Legal Basis

State:

Iowa Code, Chapter 225C.7A

Request Total:	\$	13,383,073	General Fund Nee	d: \$	1,960,000
Request Descrip	ption:				
costs, additional increases in serv	service poice costs a	opulations, additionare requested as Curr	ervices Fund (Code 331.440B). Funding will be appropriated to regions to all core service domains, and increased numbers of persons receiving servicent Service Level and the additional core service domains of Crisis Service. No additional service populations are added in this budget request.	ces. T	he inflationary
SFY 2013 Enac	ted Budg	et (Status Quo Fun	ding)		
			Total State \$ Appropriated:	\$ \$ \$	- - -
Funding Neede	d to Main	ntain Current Servi	ce Level		
Decision Package			Decision Package Description		Amount
1	Non-Me	dicaid cost Increases	s - FY2014	\$	1,960,000
		Tota	l Requested for Current Service Level Funding:	\$	1,960,000
Funding for Im	proved R	esults			
Decision Package			Decision Package Description		Amount
				\$	-
			Total Requested for Improved Results Funding	g: \$	-
			General Fund Total		\$1,960,000
		Gener	al Fund Change From Prior Year		\$1,960,000

Total Funding Summary:

	State Funding Total			\$1,960,0
		Program		
General Fund	\$	1,960,000		
SLTF	\$	-		
Говассо	\$	-		
lowa Care	\$	-		
HCTA	\$	-		
Other	\$	-		
Total	\$	1,960,000		

Federal Funding Total			\$11,423,07	
		Program		
TANF	\$	-		
SSBG	\$	11,423,073		
ARRA	\$	-		
IowaCare	\$	-		
HCTA	\$	-		
Other	\$	-		
Total	\$	11,423,073		

	Pı	rogram		
Other	\$	-		

	Totals	Program	Request Total
		\$ 13,383,073	\$13,383,073

FTEs included in request:
FTEs -

General Fund Need: \$

24,725,000

Request Total: \$

37,270,915

osts, additionations	ation created a new Regional Services Fund (Code 331.440B). Funding will be appropriated to regions to coal service populations, additional core service domains, and increased numbers of persons receiving services vice costs are requested as Current Service Level and the additional core service domains of Crisis Services requested as Improved Results. No additional service populations are added in this budget request.	The inflationary
FY 2013 Dep	artment Request (Status Quo Funding)	
		\$ - \$ - \$ -
lunding Nood	·· ·	<u> </u>
-	ed to Maintain Current Service Level	
Decision Package	Decision Package Description	Amount
1	Non-Medicaid cost Increases - FY2014	\$ 1,960,00
2	Non-Medicaid cost Increases - FY2015	\$ 1,990,00
	Total Requested for Current Service Level Funding:	\$ 3,950,00
unding for I	mproved Results	
Decision Package	Decision Package Description	Amount
3	Improved Result - New Non-Medicaid Core Services - Crisis Services and Pre-Commitment Screenings	\$ 20,775,00
	Total Requested for Improved Results Funding:	\$ 20,775,00
	General Fund Total	\$24,725,000
	General Fund Change From Prior Year	\$24,725,000

Total Funding Summary:

	State Funding Total	\$24,725,000
Pro	ram	
	4,725,000	
LTF \$	-	
obacco \$	-	
wa Care \$	-	
CTA \$	-	
ther \$	-	
otal \$	4,725,000	
	Federal Funding Total	\$12,545,915
	ram	
ANF \$	-	
	2,545,915	
RRA \$	-	
waCare \$	-	
CTA \$	-	
ther \$	-	
otal \$	2,545,915	
	Other Funding Total	
D	ram	
Pro		

1 otais	\$ 37,270,915

Request Total \$37,270,915

FTEs included i	n request:
FTEs	ı

Program

Iowa Department of Humans Services MHDS Redesign Roadmap

2012 08 28

		SFY13		
	Appropriation	Appropriation	SFY14 Proposed	SFY15 Proposed
Pres	sented by pre-Redesign Appropriation	n/Funding Source		
		MHDS Redesign		
	Energy Replacement Tax	Fund	Medical Assistance	Medical Assistance
		\$1,167,465		
		MHDS Redesign		
	Property Tax Relief	Fund	Medical Assistance	Medical Assistance
		\$81,199,911		
		MHDS Redesign		
1)	Added Property Tax Relief 1)	Fund	Medical Assistance	Medical Assistance
		\$7,200,089		
		MHDS Redesign		
	Allowed Growth	Fund	Medical Assistance	Medical Assistance
		\$74,697,893		
		MHDS Redesign		
	Community Services	Fund	Medical Assistance	Medical Assistance
		\$14,211,100		
			ward from SFY12 to	
		•	lical Assistance; Cour	nties to retain
	Risk Pool	unspent balances		
		\$0		
		MUDC Dadasian		
	State Payment Program (SPP)	MHDS Redesign Fund	Medical Assistance	Medical Assistance
	State Payment Program (SPP)		ivieuicai Assistance	Wedical Assistance
		\$11,150,820		
	Subtotal MHDS Redesign Fund	\$189,627,278		
		State Payment	State Payment	
	SSBG/Local Purchase	Program	Program	n/a
		\$12,545,915	\$1,122,842	\$0
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			MHDS Reginal	MHDS Regional
	SSBG/Local Purchase	n/a	Services Fund	Services Fund
	37230011 0131100	\$0	\$11,423,073	\$12,545,915
		ΨΟ	φ ι ι, ι20,070	ψ12,010,010

¹⁾ Supplemental for SFY12; credited to MHDS Redesign Fund for SFY13

Iowa Department of Humans Services MHDS Redesign Roadmap

2012 08 28

		SFY13		
	Appropriation	Appropriation	SFY14 Proposed	SFY15 Proposed
Pres	sented by Redesign Category of Servi	ice		
	Non-federal share of medical			
	assistance program services	MHDS Redesign		
	previously billed to the counties	Fund	Medical Assistance	Medical Assistance
		\$189,627,278	\$189,627,278	\$189,627,278
	Add'l funding - Non-federal share of			
	medical assistance program services	MHDS Redesign		
	previously billed to counties	Fund	Medical Assistance	Medical Assistance
		\$36,100,000	\$36,100,000	\$36,100,000
		MHDS Redesign		
	Children's mental health home project	Fund	Medical Assistance	Medical Assistance
		\$500,000	\$900,000	\$2,300,000
		MHDS Redesign		
	Standardized Assessment Tools	Fund	Medical Assistance	Medical Assistance
		\$3,000,000	\$3,000,000	\$3,000,000
		MHDS Redesign		
	FTEs for MHDS Redesign	Fund	Medical Assistance	Medical Assistance
		\$400,000	\$400,000	\$400,000
	Technical Assistance Services			
	for Regions	CHIP Contingency	n/a	n/a
		\$500,000	\$0	\$0
	Add'l funding - Non-federal share of			
	medical assistance program services			
2)	previously billed to counties	Medical Assistance	Medical Assistance	Medical Assistance
		\$11,427,692	\$35,859,892	\$51,257,695
	Core services - Medicaid	n/a	n/a	Medical Assistance
		\$0	\$0	\$7,092,328
	State Doument Drogram	SSBG	SSBG	n/a
	State Payment Program			
		\$12,545,915	\$1,122,842	\$0
	Growth in county delivered services	n/a	SSBG	SSBG
	2.2 county convoice conviced	\$0	\$11,423,073	\$12,545,915
		ΨΟ	MHDS Regional	MHDS Regional
	Growth in county delivered services	n/a	Services Fund	Services Fund
	and the state of t	\$0	\$1,960,000	\$3,950,000
		ΨΟ	ψ1,000,000	MHDS Regional
	Core services - non-Medicaid	n/a	n/a	Services Fund
		\$0	\$0	\$20,775,000
		ΨΟ	ΨΟ	Ψ20,770,000

²⁾ Includes unfunded need in SFY13; additional growth in SFY13, SFY14 and SFY15; and impact of descreasing FMAP in SFY14 and SFY15